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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/881,475
		Filing Date	June 14, 2001
		First Named Inventor	H. Ralph SNODGRASS
		Group Art Unit	1636
		Examiner Name	D. Sullivan
Total Number of Pages in This Submission	18	Attorney Docket Number	441472000400

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form – in duplicate (2 pages)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply – (14 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request – (1 page)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	MORRISON & FOERSTER LLP Cara M. Coburn - 46,631	CUSTOMER NUMBER: <b>25226</b>
Signature		
Date	August 6, 2003	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Certificate No. EV 332779002 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 08-06-03

Signature:

(Anthony Soljanich)



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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 759.00)

Complete if Known	
Application Number	09/881,475
Filing Date	June 14, 2001
First Named Inventor	H. Ralph SNODGRASS
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Group Art Unit	1636
Attorney Docket No.	441472000400

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  Other  None  
 Deposit Account

Deposit Account Number **03-1952**

Deposit Account Name **Morrison & Foerster LLP**

The Commissioner is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$)				0.00	

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	100	-86**	= 14 x 9 =	126.00
Independent Claims	8	-4**	= 4 x 42 =	168.00
Multiple Dependent – previously paid			140	0.00

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)				294.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
1051	130	2051 65 Surcharge – late filing fee or oath	
1052	50	2052 25 Surcharge – late provisional filing fee or cover sheet	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	
1252	410	2252 205 Extension for reply within second month	
1253	930	2253 465 Extension for reply within third month	
1254	1,450	2254 725 Extension for reply within fourth month	
1255	1,970	2255 985 Extension for reply within fifth month	
1401	320	2401 160 Notice of Appeal	
1402	320	2402 160 Filing a brief in support of an appeal	
1403	280	2403 140 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	110	2452 55 Petition to revive – unavoidable	
1453	1,300	2453 650 Petition to revive - unintentional	
1501	1,300	2501 650 Utility issue fee (or reissue)	
1502	470	2502 235 Design issue fee	
1503	630	2503 315 Plant issue fee	
1460	130	1460 130 Petitions to the Commissioner	
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	750	2809 375 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810 375 For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801 375 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)			
465.00			

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Cara M. Coburn	Registration No. (Attorney/Agent)	46,631	Telephone	(650) 813-4218	
Signature	<i>Cara Coburn</i>				Date	August 6, 2003

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